

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/534044	FILING DATE
APPLICANT'S		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		2		1		
11				1		
12		1		1		
13		1		1		
14				1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19	1		1			
20		1		1		
21		1		1		
22	1		1			
23		1		1		
24		1		1		
25	3		1			
26	1		1			
27	1		1			
28	1		1			
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		

TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	28	←	34	←	←	
TOTAL CLAIMS	31		37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						

TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						